

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09924961

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|---|----------------|--------------|
| TOTAL CLAIMS | 200 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 200 minus 20 = | * 180 |
| INDEPENDENT CLAIMS | 169 minus 3 = | * 166 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 355.00 |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL | |

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 710.00 |
| X\$18= | 3240 |
| X80= | 480 |
| +270= | |
| TOTAL | 4430 |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| | | | | | |
|-------------|---|----------------------------------|----|------------------------------------|---------------|
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | 19 | Minus | ** 200 = |
| | Independent | * | 1 | Minus | *** 166 = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

(Column 1) (Column 2) (Column 3)

| | | | | | |
|-------------|---|----------------------------------|--|------------------------------------|---------------|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | | Minus | ** = |
| | Independent | * | | Minus | *** = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

(Column 1) (Column 2) (Column 3)

| | | | | | |
|-------------|---|----------------------------------|--|------------------------------------|---------------|
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | | Minus | ** = |
| | Independent | * | | Minus | *** = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM P. 2575) | | | | | | | SERIAL NO. 09-92496 / | FILED DATE | | | | | |
|--|----------|------|------------------------|------|------------------------|------|--------------------------|------------|------|------|------|------|------|
| | | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | N | | | | | 51 | | | | | | |
| 2 | | | | | | | 52 | | | | | | |
| 3 | | | | | | | 53 | | | | | | |
| 4 | | | | | | | 54 | | | | | | |
| 5 | | | | | | | 55 | | | | | | |
| 6 | | | | | | | 56 | | | | | | |
| 7 | | | | | | | 57 | | | | | | |
| 8 | | | | | | | 58 | | | | | | |
| 9 | | | | | | | 59 | | | | | | |
| 10 | | | | | | | 60 | | | | | | |
| 11 | | | | | | | 61 | | | | | | |
| 12 | | | | | | | 62 | | | | | | |
| 13 | | | | | | | 63 | | | | | | |
| 14 | | | | | | | 64 | | | | | | |
| 15 | | | | | | | 65 | | | | | | |
| 16 | | | | | | | 66 | | | | | | |
| 17 | | | | | | | 67 | | | | | | |
| 18 | | | | | | | 68 | | | | | | |
| 19 | | | | | | | 69 | | | | | | |
| 20 | | | | | | | 70 | | | | | | |
| 21 | | | | | | | 71 | | | | | | |
| 22 | | | | | | | 72 | | | | | | |
| 23 | | | | | | | 73 | | | | | | |
| 24 | | | | | | | 74 | | | | | | |
| 25 | | | | | | | 75 | | | | | | |
| 26 | | | | | | | 76 | | | | | | |
| 27 | | | | | | | 77 | | | | | | |
| 28 | | | | | | | 78 | | | | | | |
| 29 | | | | | | | 79 | | | | | | |
| 30 | | | | | | | 80 | | | | | | |
| 31 | | | | | | | 81 | | | | | | |
| 32 | | | | | | | 82 | | | | | | |
| 33 | | | | | | | 83 | | | | | | |
| 34 | | | | | | | 84 | | | | | | |
| 35 | | | | | | | 85 | | | | | | |
| 36 | | | | | | | 86 | | | | | | |
| 37 | | | | | | | 87 | | | | | | |
| 38 | | | | | | | 88 | | | | | | |
| 39 | | | | | | | 89 | | | | | | |
| 40 | | | | | | | 90 | | | | | | |
| 41 | | | | | | | 91 | | | | | | |
| 42 | | | | | | | 92 | | | | | | |
| 43 | | | | | | | 93 | | | | | | |
| 44 | | | | | | | 94 | | | | | | |
| 45 | | | | | | | 95 | | | | | | |
| 46 | | | | | | | 96 | | | | | | |
| 47 | | | | | | | 97 | | | | | | |
| 48 | | | | | | | 98 | | | | | | |
| 49 | | | | | | | 99 | | | | | | |
| 50 | | N | | | | | 100 | | | | | | |
| TOTAL IND. | | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | | |